	PLACE OF DEATH	STATE OF MARYLAND
1	County WLComico	CERTIFICATE OF DEATH
1/	WITH MARKET OF THE STATE OF THE	Registration Dist. No. 333
Vi	llage or City Salaberry (No. Ven	. Jen. In factal St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
/ _	2FULL NAME Jaby WHTM	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	Male Black (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6	DATE OF BIRTH July 4th, 1931 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I mended the deceased from 182/ to 192/
7	Mew born premature If LESS than I day phrs.	and that death occurred on the date stated above, at 1.154 m. The CAUSE OF DEATH * was as follows:
	OCCUPATION (a) Trade, profession or particular kind of work	
1	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9	BIRTHPLACE (State or country) Maryland	Contributory Secondary (Suration) As
	10 NAME OF PATHER Napoleon Jones	(Signed) M. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAR	OF MOTHER Hancy attit.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ienta or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of des h?
	(Informant) for ly cellate	Former or usual res.dence Alland
	(Address) Delace	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Filed July 7 1933/. V. May Junes	20 UN DERTAKER ADDRESS
=	If more banks are needed, addre.s State Negistran	, 16 W. Saratoga St., Balto., kequesting V. S. ivo. 1.
11		

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salcsman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every person, irrespective ci Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISTASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekcepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coul minc, etc. Womwithout more precise specification as For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal menin_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopueumonia ("Pneumonia,");

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," (secondar) or intercurrent) affection need not be strted unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Uracmia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer") is less definite; avoid carbolic acid—probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, American Medical Association.) approved by (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.: Y Committee on Nomenclature of the Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

AGE should be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

PHYSICIANS should state Exact statement of OCCUPA. stated EXACTLY. properly classified.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	1. PLACE OF DEATH	(23)
1	County Wicomico	Registration Dist. No. 13 3 0
/	Village or City Mardela	No. St., Ward
/		If death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long In U.S. If of foraign birth?
	2. FULL NAME Joseph W. Bailey	
		Ward. If nonresident give city or town and State
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED furite the word.	21. DATE OF DEATH July 23 193 I ₁₉₃ (Month) (Day) (Year)
58	HUSBAND of (or) WIFE of Actual Deplement	22. Of THEREBY CERTIFY. That I attended deceased from 1931, to July 18 , 1937
-	DATE OF BIRTH (month, day, and yaar) I865 June Ist. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at 7,30 A m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
o jo	8. Trede, profassion, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	C Janen Lones
back	9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc	our decessed one lune
no O	1D. Data deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	7,042-000
instructions HER ==	2. BIRTHPLACE (city or town) Maryland (State or country)	Other Contributory Causes of Importence:
nstr ER	113. NAME INOMAS J. DALLEY	
See in		Nama of operation Date of What test confirmed diagnosis? Was there an autopsystem
nt.	15. MAIDEN NAME Cora T. Brown	23. If daath was due to external causes (VIOLENCE) fill in also the following:
portant.	16. BIRTHPLACE (city or town) Md • (State or country)	Accident, suicida, or homicide? Date of injury, 19
is very important.	7. INFORMANT Thomas J. Bailey (Address) Mardela, Md.	(Specify city or town, county and State) Specify whather Injury occurrad In INDUSTRY, In HDME, or in PUBLIC PLACE.
E E	8. BURIAL, CREMATION, OR REMOVAL Place Mardela Date July 24 1931	Mannar of Injury Natura of Injury
TION	9. UNDERTAKER W.D. Gravenor & Bro. (Address) Sharptown, Md.	24. Was disease or injury In any way related to occupation of daceesed?
20	0, FILED July 2-4, 19 mon worshory	(Signed) & my Oldslice M. D.
-		, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1)	3	5	U	9
		3		

1. PLACE OF DEATH	(183)
County Wicomico	Registration Dist. No. IQ
· · · · · · · · · · · · · · · · · · ·	NoSt.,Ward f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME William K. Baker	
	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 9 1931 193 (Month) (Day) (Year)
5a. if married, widowed, or divorced HUSBAND of (or) WiFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 7 I7 Bays If LESS than 1 day, hrs. ormln. 8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done as SI k Mill School Boy	I last saw h; death is said to have occurred on the date stated above, alm.
work was dona, as SILK MILL, SCHOOL BOY SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month and yaar) 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
# 13. NAME Harold Baker	
13. NAME Harold Baker 14. BIRTHPLACE (city or town) (State or country)	Name of operation Oate of What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Mary E. Willin 16. BIRTHPLACE (city or town) Md (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Harold Baker (Address) Sharptown, Md. 18. BURIAL, CREMATION, OR REMOVAL Place Mt Zion Church Date July IQ, 1931.	Manner of injury Nature of injury
19. UNDERTAKER W. D. Gravenor & Bro. (Address) Sharptown, Md. 20. FILED July 10, 1931 Mary E. Mann. Registrat.	24. Was disease or injury in any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08569
1. PLACE OF DEATH	(83:0)
County Hicomico	Registration Dist, No. 33.3
Village or City Salishus	No. 97 Feetquate St., 9 Ward
(lf	death occurred in a hospital of institution, give its NAME instead of street and number)
Length of residence in city or town whole death occurredyrsmos	ds. How long id U.S. if of foreign birth?yrsmosds.
2. FULL NAME ATTACE 71, Bell	
(a) Residence: No. 97 Fitywal-	St., 9 Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	/ If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH O
M. DIVORCED (write the word)	July 4 193)
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That Jettended deceased from
Elisa Marca	7/2 ,193/,10 //4 ,193/,
6. DATE OF BIRTH (month, day, and year) Sepet. 1. 1872	I last saw h. 7 alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8
58 10 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	
kind of work done, as SPINNER, Julyus	Chaplexy. 1/2,31
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spant in this occupation	
12 BIRTURI ACE (Althour town) Da,	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME John E. Bell	
E // //	Name of operation Date of
14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Total was there an au'opsy?
15. MAIDEN NAME (Many E. Lecato	23. If death was due to external causes (VIOLENCE) fill in also the following:
THE THE PARTY OF T	Accident, suicide, or homicide? Date of injury 19
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
Mr. Sa. E Jones	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Property (Address) Painter Ma	Specify whether injury occurred in the bostki, in nome, of in Poblic Flace.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piace milk Chapel Date tuly 6. 193/	Nature of injury
Jumby to. Hollow + 6.	24. Was disease or injury in any way related to occupation of deceesed? 200
19. UNDERTAKER (Address) Salahan Mad	If so, specify
July BI. Ve May have	(Signed) Talean Thinker M. D.
20. FILED 1909 O, 1909 P. Registrar.	(Address) Dalisburg, Med.
2 f	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUPEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (18571)
(11/4-1	3.33
Village or City alix him	Registration Dist. No. No. 2 Caucale St., 9 Ward f death occurred in a hospital or institution, give its NAME instead of street and namber)
Length of residence In city on town where death occurredyrs,mo	sds How long in U.S. if of foreign birth? yrsmos ds.
2. FULL NAME (Still form) Rell	/ /
(a) Residence: No. 200 Delaurae (Usual place of abode)	St., 9 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Herriale Colored: 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wwist the word)	21. DATE OF DEATH (Month) (Oay) (Yeer)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceased from
6. DATE OF BIRTH (month, day, and year) July 10, 1931	
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date steted above, et. / m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	about 4 months
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	fremustisse.
10. Date deceased fast worked et this occupation (month end year)	Cause unknown
12. BIRTHPLACE (city or town) Janishury (State or country)	Other Contributory Causes of importance:
13. NAME Nessey Bell. 14. BIRTHPLACE (city or town) Joseph Server Server Co.	
[State or country).	Name of operation Dete of
	What test confirmed diagnosis? Wes there an eulopsy?
E COLOR	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT Luice Rotegls (Address) 200 De ana le lije	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Home premise filly 1, 1901	Nature of injury
19. UNDERTAKER July Delawage St. Salish	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO July 11, 1931, V- May Turney Registrat.	(Signed) Whay hasher forally mo.
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting V.S. No. 1.

CEDTICICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of of importance were as		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	itis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG A 1931	July 5, 1927	Peritonitis	3 days ago
	BURBAU V. S			
Other contributory cau	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V.S. No. 1 N. B.

STATE OF MARYLAND	SERTH ICATE OF BEATH
1. PLACE OF DEATH	(131)
County Julynico	Registration Dist. No. 234
	ND
Length of residence in city or town where deeth occurred	ds. How long in U.S. if ol foreign blrth?yrsmosds.
2. FULL NAME Clipales of Jan	rdo
(a) Residence: No. Market Market of abody	St., Ward. If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEN 4. COLOR OD RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word)	21. DATE OF DEATH July (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bounds	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Quel. 3. 1861.	I last sew bear alive on guy 3, 193/; deeth is said
7. AGE Yeers Months Days If LESS than 1 dey, hrs.	to heve occurred on the dete steted ebove, et.
99 // idey,	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: Date of onset
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Central 9 knowley e ay 1530
9. Industry or business in which work wes done, es SILK MILL,	Co Living Gregolialis Culture
SAW MILL, BANK, etc	Decubition June 1/3.
this occupetion (month end spant in this occupetion	
12. BIRTHPLACE (city or town) Mausland	Other Contributory Causes of importance:
13. NAME (lun) (1 Milson)	
13. NAME (LUM) (1 MUSA) 14. BIRTHPLACE (city or town)	Neme ol operation
14. BIRTHPLACE (city or town) Muyland (Stete or country)	Neme of operation
(Stele of Country)	
15. MAIDEN NAME Eligsbeth Bailey 16. BIRTHPLACE (city or town)	Whet test confirmed diegnosis? Wes there an eulopsy? 23. Il death wes due to external ceuses (VIDLENCE) fill in also the following: Accident, suicide, or homicide? Dete of injury, 19
(Stele of Country)	Whet test confirmed diegnosis?
15. MAIDEN NAME Eligsbeth Bailey 16. BIRTHPLACE (city or town)	Whet test confirmed diegnosis? Wes there an eulopsy? 23. Il death wes due to external ceuses (VIDL ENCE) fill in also the following: Accident, suicide, or homicide? Dete of injury, 19 Where did injury occur?
15. MAIDEN NAME Caling both Bailey 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL	Whet test confirmed diegnosis? Wes there an eulopsy? 23. Il death wes due to external ceuses (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
15. MAIDEN NAME Elizabeth Bailey 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT MAN BLOSGIE Bauras (Address)	Whet test confirmed diegnosis?
15. MAIDEN NAME Chigabeth Bailey 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Med Blessie Baurs (Address) 18. BURIAL, CREMATION, OR REMOVAL	Whet test confirmed diegnosis?
15. MAIDEN NAME Cligateth Bailey 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Plece Plece 19. UNDERTAKER 19. UNDERTAKER	Whet test confirmed diegnosis?

EDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal eause. Under other contributory eauses of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1808			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

7. PHYSICIANS should state Exact statement of OCCUPA-

		1
ż	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT IC	LE
(mation should be carefully supplied. AGE should be stated EXACTLY.	χ.
j	CAUSE OF DEATH in plain terms, so that it may be properly classified. E.	
	TION is very important. See instructions on back of certificate.	

V. S. No. 1

	-CERTIFICATE OF DEATH 08572
1. PLACE OF DEATH	152
County Wiconico	Registration Dist. No. 023
Village or City M. Alles	ND. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
	nosds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME	unav
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5. If merried, widowed, or divorced	21. DATE OF DEATH July 3/ (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I ettended deceesed from
6. DATE OF BIRTH (month, dev, and year) July 9, 1931	I last saw h. M. alive on 7/3/1, 19.37; death is said
7. AGE Yeers Months Deys If LESS then	to have occurred on the dete stated above, at the m.
0 22 1 dey,h	The PRINCIPAL CAUSE OF DEATII end related causes of importence
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Decordary Harrowhe Date of oneet
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	fallung alsess of life.
10. Dete deceesed last worked et this occupetion (month end year)	
12. BIRTHPLACE (city or town) Mullen (State or country) My	Other Contributory Causes of importence:
13. NAME Lesse Bounds.	
13. NAME Lesse Bounds. 14. BIRTHPLACE (city or town) (Stete or country)	Neme of operation. Dete of
15. MAIDEN NAME Stella May Kright	23. If deeth wes due to externel ceuses (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) of May Might	Accident, suicide, or homicide?
2) (Stete or country) College, Mac. 17. INFORMANT Jesse Bouyers (Address) Caeu, A. H.D. #2	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Com. Aug 193	Manner of Injury
19. UNDERTAKER Je & Se Boyundo (ach	Nature of injury
20. FILED aug 1, 19 31, D. May Jasanel Registrar.	(Signed) College M. D. (Arddress) College M. D. (Arddress) College M. D.
If more blanks are needed, address State Registr	ar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	E FOR FURTH	ER STATEMENTS	BY PHYSICIAN
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PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA-Exact statement mation should be carefully supplied. AGE should be stated EXACTLY. properly classified. BINDING See instructions on back of certificate. FOR CAUSE OF DEATH in plain terms, so that it may be MARGIN RESERVED TION is very important.

V. S. No. 1 B

STATE OF MARYLAND	CERTIFICATE OF DEATH 08573	
1. PLACE OF DEATH	92-0	
County Miconico	Registration Dist. No. 332	0 0 0
Village or City Villagelle Ma.	ND. St., Wa	ard
	f death occurred in a horpital or institution, give its NAME instead of street and number) s	ds.
Ol line D		
an I out I MAINE ACCOUNTS		
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State	castos
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Fractice the word) Market World Married World	21. DATE OF DEATH (Month) (Day) (Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mulerva J. Bowdson	1 HEREBY CERTIFY, That I attended deceased for 10 1031, to July 17, 193	
6. DATE OF BIRTH (month, day, end year)	1) est saw how alive on pulled 7 193 L; death is s	aid
7. AGE Years Months 7 Days 18 If LESS than	to have occurred on the date stated above, at 19. Q.m.	
67 1864 march 19th or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	set
8. Trade, profession, or particular kind of work done, as SPINNER, Farmer, Sawyer, BDOKKEPPER, etc.	() - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	,
SAWYER, BDDKKEEPER, etc. 2 WV/1446	Milias regingulation /10	131
work was done, as SILK MILL, None,		
D. Date deceased last worked at this occupation (month and year) spent in this occupation		
Adama	Other Contributory Casses of Importance:	
12. BIRTHPLACE (city or town) SUCCULUL /	Dn 19.00	
# 13. NAME Burton Bowden	- Thurs colles	3.4
I IS, WANTE SULLON SOUTHER		
14. BIRTHPLACE (city or town). Delaure.	Name of operation	
	What test confirmed diagnosis? Was there an autopsy?	
E A	23. If death was due to external causes (VIDL ENCE) fitl in also the fottowing:	
16. BIRTHPLACE (city or town) / Mulculous	Accident, suicide, or homtolde?	
m. 11. 13 8/1 +	Where did injury occur? (Specify city or town, county and State)	***
(Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Farlows Comby Date July 19, 19031	- Nature of tnjury	
19. UNDERTAKER Man; Hooward Itello	24. Was disease or Injury in any way related to occupation of deceased?	
(Address) Octhorille, and,	If so, specify	
20. FILED July 1. 7., 19.31 deland J. Frentt.	(Signed) tracks of Marie N	1. D.
		-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.-The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis URLAU	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

12 >

	PLACE OF DEATH County Niernier	OS574 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 333
	Village or City Dales bury (No. 2FULL NAME Mr. Samuel B	St: 13 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male White Single, MARRIED, WIDOWED. Midouer (Write the word)	16 DATE OF DEATH (Moth) (Day) (Year)
	May 20 July (Month) (Day), 1867	that I last saw him alive on Try S., 193,
	7 AGE If LESS than I day hrs. or min.?	The CAUSE OF DEATH * was as follows:
1	occupation (a) Trade, profession or particular kind of work (b) General nature of industry	Orteris Octorons
	business, or establishment in which employed or (employer)	(Duration) Julium mos. ds.
	9 BIRTHPLACE (State or country) Maryland.	Contributory Secondary (Duration) yrs
	10 NAME OF FATHER James Bratter	(Signed) / M. D. 7/10 193/ (Address) Dalies Ind
	OF FATHER (State or country) Maryland 12 Maiden Name 12 Maiden Name	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Many Parsons 13 BIRTHPLACE	13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
	OF MOTHER (State or Country) Marylan .	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
	(Informant) Me. H. W. Lank	to not at place of dea h?
	(Address) 14 Maylow of Salutny M	Pareon Com . Date of Burial Pareon Com . July 11, 1931
	Filed July 1/19281. V. May Munes Registras	Holloway + G. Salishy M.
	If more b.anks are needed, address ttate Kegistrar	, 16 W. Saratoga St. Bulto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., without more precise speciments. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective ci or given up on account of the DISEASE CAUSING DRATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomolive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosy s. inal meningitis"); Diphtheria (avoid use of "Croup"); Symbold fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

> Mecommendations on statement of cause of American Medical Association.) inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock," st_ted unless important. tctanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HONICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY "" "Weakness," etc., when a definite disease Chronic Example: Measles (disease etc. The contributory valvular heart disease,

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

item of inco should star of OCCUPA	
ORD. Every HYSICIANS	
TLY. PI	
A PERMAN ed EXAC	ncate.
INLY, WITH UNFADING INK—THIS IS A PERMANENT REC be carefully supplied. AGE should be stated EXACTLY. PEATH in plain terms, so that it may be properly classified. Exac	ack of certi
DING INK- AGE sho so that it is	etions on back of c
TH UNFAL	See instru
AINLY, WI d be careful DEATH in p	mportant.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of intermation should be carefully supplied. AGE should be stated ENACTLY. PHYSICIANS should start CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.

A. B.—WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08575
1. PLACE OF DEATH	(113)
County Metamites	Registration Dist. No. 333
Village or City Is rulland 27 d	No. St., & Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	
2. FULL NAME Vera / Brown	
(a) Residence: No. Fruitland, Ind	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
la. If married, widowed, or divorced not masseld	22. HEREBY CERTIFY, That I attended decoased from
(or) WIFE of	Q Le 1 12/10 Q Le Q 19.31
6. DATE OF BIRTH (month, day, and year) Jan 26, 1931	I fast saw half falive on Said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
3- 13 1day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	auto des coletis pro
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year) spant in this occupation.	Á
77 20	Other Contributory Causes of importance:
12. BfRTHPLACE (city or town) / resulting of (State or country)	
T (1 = 0.0	Name of acception
14. BIRTHPLACE (city or town) College (State or country)	Name ef operation Date of Was there an autopsy?
15. MAIDEN NAME LINGSonda Brown	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Qualinda Brown 16. BIRTHPLACE (city or town) Oloman Comments (State or construction)	Accident, suicide, or homicide? Date of injury 19
S (State or country)	Where did injury occur?
17. INFORMANT Mrs Mary Brown	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place MIT Olivet Gen not Date July 9, 1951	Nature of injury
The state of the s	24. Was disease or injury in any way related to occupation of deceased?
(Addiess) HO 2 Elebrich St Salesland De	If so, specify
20. FILED July 9, 19 31. V. May Furnier Registrar.	(Signed) M. D. (Address) M. D.
the state of the s	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	xample I	-\	Example II	
The principal cause of dea of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1691	1015	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	VAR	1921	Run over by street car	1 week ago
Cerebral hemorrhage	TREAT! 9	July5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	xample I	Purple supposed to the suppose	Example II	
The principal cause of dea of importance were as follo		Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis		7010	Attack of epilepsy	1 wook ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 6 1931	July 5, 1927	Peritonitis .	3 days ago
•	RUREAU			·
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 your

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH (18577
1. PLACE OF DEATH	210
County Micesgacon	Registration Dist. No. 333
Village or City felloshung	No. Py Haspelal St. 13 Ward
(1)	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	s
2. FULL NAME WM. 19 - Wohna	~~
(a) Residence: No. Princest Cime. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORED (write the word)	21. DATE OF DEATH
Those where married	(Month) (Oay) (Yeer)
5a. If married, widowed, or divorced HUSBANO of	22. JHEREBY CERTIFY That Lattended deceased from
(or) WIFE of Mrs Wyn. 10 to ashrow	July 1 193/ 10 July 2 195
6. DATE OF BIRTH (month, day, and year) Levely 9 1868	I last sew harm alive on Sulf 2 193/ death is said
7. AGE Years Months Days If LESS than	to have occurred on the date-stated above, at 6 54 m
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Oays If LESS than 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trade, profession, or particular	The tweek thull Districtions of
sawyer, BOOKKEEPER, etc. Cletred army office	Jacuated Mosey Face 7/1/2
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	antused Chert 7/1/31
near nation	
, sa,	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) 13. NAME John & Coshron	- Shull, 7/1/31
C 12 NAME A A A A A A	
	P+ 11 + The
14. BIRTHPLACE (city or town) 10 (State or country)	Name of operation and successful and the successful
	Whet test confirmed diagnosis? (Was there an au'opsy? 100.
E 15. MAIDEN NAME lo harlotte Carr	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
E Charle Illan B family	Where did injury occur? (Specify city or town, courty and State) Specify whether Injury occurred in INDUSTRY, in HOME, or inf PUBLIC PLACE.
15. MAIOEN NAME TO POSTERIOR STATE 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Mrs. WM. B. Cochron (Address) 18. BURIAL, CREMATION, OR REMOVAL	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury less to sholeled off track
riace LAZ LA LA VICE TV. C. S. A. V. SA Date 13 J. L.	
19. UNDERTAKER & Mamulh.	24. Was disease or injury In any way related to occupation of deceased?
19. UNOERTAKER () Puriling () Address) Princett () MAL	If so, specify
July 4 21 Va /2 - 1/12	(Signed) M. M. M. D.
20. FILEO July 7, 1931. V. May June Registrar.	(Address) Salastur Juns
	2411 N. Charles Street, Balismore, Requesting U. S. No. 1.

CEDTICIOATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related ca of importance were as follows:	uses Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory calls sof importance: Gastroenteritis	1 year	
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICALU V.	8.	

Exact

	PLACE OF DEA	тн		
	County Riccon	· ·		
	1801	Little Ar	She de	
Vil	lage or City Dalu	sun)/(Nd	
	² FULL NAME	John	nilo	ton C
	PERSONAL AND	STATISTI	CAL PARTIC	CULARS
3 8	male M	OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCI (Write the wo	
6 1	DATE OF BIRTH	Feb	7	, 185-
		(Month)	(Day)	(Year)
7 A	8/ yr	. <u>H</u>	nos. 23	If LESS that I day hr
2 (occupation a) Trade, profession or articular kind of work	m	one	
) (I	b) General nature of in- usiness, or establishmen which employed or (empl	dustry it in -		· · · · · · · · · · · · · · · · · · ·
9 E	(State or country)	mass	lanc	,
	10 NAME OF	erale	Cula	132
RENTS	11 BIRTHPLACE OF FATHER (State or country)	ma	Mon	ıcl
PARE	12 MAIDEN NAME OF MOTHER	jars 9	& Eur	is
	13 BIRTHPLACE OF MOTHER (State or Country)	bela	was	
14	THE ABOVE IS TRUE TO	THE BEST	OF MY KNOW	LEDGE

08578 STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-stand of street and Ward) ulvan number.) MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) HEREBY CERTIFY, That 17 I attended the decemend and that death occurred on the date stated above. The CAUSE OF DEATH (Duration) Contributory Secondary (Signed). State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal. Causing Death, or, In deaths of Injury and (2) Whether 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death. In the Where was disesse contracted, if not at place of death?

DATE OF BURIAL

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

usual residence.

WRITE

Every item CIANS sho statement

(Informant)

Filed

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Coltan mill; (a) Solesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (6) Grocery,

Statement of Cause of Death—Name, first, the pisses EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pncumonia, Branchopneumonia ("Pneumonia,")

AUG

approved by Committee on Nomenclature American Medical Association.) tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chranic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the dask is essential and must be obtained before the certificate is partnamently filed.

1931

should state of OCCUPA-

PHYSICIANS Exact statement

stated EXACTLY.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may

properly classified.

STATE OF MARYLAND-CERTIFICATE OF DEATH

(1)	5	5	1	7	1
0	0	U	\$	0	y

Wicomico			Registration Dist. No. 33/
		(If death	No. St., Ward occurred in a hospital or institution, give its NAME instead of street and namber) ds. How long In U.S. if of foreign birth? yes, mos. ds.
AME Joica A	Darby		
		**** S	St., Ward. If nonresident give city or town and State
NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE White			DATE OF DEATH July 17 ISB I 193 (Year)
wed, or divorced		22.	I HEREBY CERTIFY. That I attended deceased from July 310, 1931, to July 1711, 1931
(month, day, and year)	av 20, 1931	l la	A saw h de aliva on July 174 , 19 3'; daath is said
months I	Oays If	LESS than to h	have occurred on the date stated above, at UP.m. PRINCIPAL CAUSE OF DEATH and related causes of importance tas follows: Date of oneset Survey Live Village 10
R, BODKKEEPER, atc. business in which as done, as SILK MILL, ILL, BANK, atc. used last workad at upation (month and	11. Total time (ya spent in th occupation		ner Contributory Causes of Importance: Posleme Pos
lbert M. Dar		U	
			me of operation
			at test confirmed diagnosis? Was thera an autopsy?
CE (city or town) Md		Acc	f death was due to external causes (VIDLENCE) fill in also tha following: cident, suicida, or homicida?, 19, ere did injury occur?, 19
Hebron,	Md.	Ma	(Specify city or town, county and State) acity whathar injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. nnar of injury ture of injury
			Was disease or injury in any way ralated to occupation of daceased?
	City Hebron Isidance in city or town where AME Joice A Ince: No. NAL AND STATIST 4. COLOR OR RACE White White I (month, day, and yaar) M Baars Months I (assion, or particular work dona, as SPINNER, R, BODKKEPER, stc. business in which has done, as SILK MILL, ILL, BANK, atc. Business in which has done, as SILK MILL, ILL, BANK, atc. City or town) Heb City or town) Md or country) Albert M. Dar CE (city or town) Md or country) Albert M. Dar ATION, OR REMOVAL Hebron, ATION, OR REMOVAL Hebron, W. D. Graveno	City Hebron Isidance in city or town where death occurred yrs. AME Joica A. Darby Ince: No. (Usuai place of abode NAL AND STATISTICAL PARTICULA 4. COLOR OR RACE S. SINGLE, MARRIED, WORDIVORCED (write White OR DIVORCED (write White Jassion, or particular work done, as SPINNER, R. BODKKEPER, atc. business in which last done, as SILK MILL, ILL, BANK, atc. Jupation (month and supation (month and supation)) City or town) Hobron Sales City or town) Md City or town May 20, I93I City or town May	City Hebron (If death occurred wisidance in city or town where death occurred mos.) AME Joice A. Darby city of the most occurred mos. AME Joice A. Darby city of the most occurred mos. AME Joice A. Darby city of the most occurred most occ

B.—WRITE PLAINLY

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
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Example I			Example II		
The principal cause of deal of importance were as follows:	ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	AUG 8 1931-	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	44	c 1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BULLAU V.	July 5, 1927	Peritonitis	3 days ago	
			6		
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.

V. S. No. 1

STATE OF	MARYLAND—CERTIFICATE OF DEATH	08580
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STATE OF MARYLAND	-CERTIFICATE OF DEATH (1858)
1. PLACE OF DEATH	<u> </u>
County Hicomico	Registration Dist. No. 333
Village or City Salisting	No. 405 warles St., 5 Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds.
Length of residence in city of town where obtain occurred yes,	
2. FULL NAME	nne
(a) Residence: No. 405 (Wave place of abode)	St., 3 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OB RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Semale While OR DIVORCED (runite the word)	(North) (Dey) (Year)
5a. If married, widowed, or divorced	Glonth) (Dey) (Year)
HUSBAND of (or) WIFE of	22. // I HEREBY CERTIFY, Thet I attended deceased from
0.0 17 1841	I last saw har alive on 1957 to 1957 the things alive on 1957 the 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	15
7. AGE Years Months Days If LESS than 1 dey,hrs	to heve occurred on the date stated above, a 1.5.4. m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
0 0 1 / Or min,	were as follows: Days of onse
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc	governos May!
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end spant in this	
yeer) occupation	Other Coatributory Causes of importence:
12. BIRTHPLACE (city or town) Mayland	
(State or country)	
13. NAME annamas Denne 14. BIRTHPLACE (city or town). Mayland	
14. BIRTHPLACE (city or town) Maryland	Name of operation
(State of country)	What test confirmed diegnosis? Was there an autopsy?
I 15. MAIDEN NAME UNPROVON	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town).	Accident, suicide, or homicide?
Stele or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT John By Bulley gram	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Place Parson am Dete July 4 1931	Manner of Injury
2/1/2- +1	Nature of Injury.
19. UNDERTAKER AMONY & CO. (Addiess) 16 1 1 1 Maryland	24. Was disease or Injury In any way related to occupation of deceesed?
0 11 21 11 12 1 01	If so, specify (Signed X) All Plants
20. FILED July 7, 193/ V. M. ffry Sum. Registrar.	(Signed) M. (Address) Salas Dress Mill
The state of the s	T 2011 N Charles Street Relimore Requesting 91 S No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	in the state of th	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage II F U S.	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT NECORD. Every item of infor-MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 08581
1. PLACE OF DEATH	22.
County Micomile	Registration Dist. No. 33
Village or City Salustung	No. 303 St., 5 (If death occurred in a horpital or institution, give its NAME instead of street and number
Length of residence in city or town where death occurred 35 yrs.	os. How long in U. s. if of foreign birth? yrs. mscad or street and number
2. FULL NAME Mary Ellie Dies	harrow
1 - 1107 1.14	St. 5 Ward.
(a) Residence: No.3 03 (Usual place of abode)	St., 5 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, WILLIAM OF DIVORCED (well the word)	21. DATE OF DEATH
temale 11 mile manus	Month) (Day) (Y
ba. If marriad, widowed, or divorced HUSBAND of William C. Wishard	4
(or) WIFE of	1 HEREBY CERTIFY, that I attended decease
net & last	t last saw h maliya on July 17 19 3/ death
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 3.15. P.m.
) 0 9 1 day,hi	S. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, protassion, or particular	were as follows:
kind of work done, as SPINNER, House Work SAWYER, BOOKKEEPER, etc.	Laibmonia / Meno
9. tndustry or businass in which work was done, as SILK MILL,	
SAW MILL, BANK, atc.	
O 10. Dafe deceased lasf worked af this occupation (month and year)	
12 BIRTHEN ACT City Colons Maryland	Other Contributory Causes of importance:
12. BIRTHPLACE (cify or town) /// (Sfate or country)	
1	0
	Mr. 1 fac diagrams
14. BIRTHPLACE (city or town) Ynay Carel . (State or country)	Name of operation
	What fest confirmed diagnosis?
E & med //	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Where did Injury occur?
William C Droban	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) 30.3 Flyitt at Lakery Me	- County which may be control in the
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Parrows Com Date July 19, 193	1. Nafure of injury
10 HADESTAKES Hollowan + C. J.	24. Was disaase or injury in any way related to accupation of deceased?
19. UNDERTAKER (Address) Salutury many and	If so, specify
0 11 10 015 10 10 01	(Signad) AV. January
20. FILED LULY / 195/ O. May Jusul	

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Example	I yen		Example II	
The principal cause of death and r of importance were as follows:	related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	CEIVE	1921	Run over by street car	1 week ago
Cerebral hemorrhage	FG B 1931	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of impo	rtance:	à.	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis .	1 year

should state OCCUPA 1. PLACE OF DEATH Village or City. Jo PHYSICIANS Length of residence in city or town where death occurred statement (a) Residence: No. (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 5. SUICLE, MARRIED, WIDOWED, OR OWORCED (write the word) A PERMANENT Lanu ACTL 5a. If married, widowed are FOR BINDING classified HUSBAND of (or) WIFE of EX certificate. 6. DATE OF BIRTH (month, day, and yeer) properly 7. AGE Years Months Davs If LESS than stated 1 day, _____hrs. IS or min. 8. Trade, profession, or particular kind of work done, as \$PINNER, SAWYER, BOOKKEEPER, etc.____ IARGIN RESERVED UNFADING INK-THIS PATION be of back AGE should may 9. Industry or business in which work wes done, as SILK MILL, OCCUR SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and On 11. Total time (years) that year) _____ occupation instructions 12. BIRTHPLACE (city or town) (State or country) supplied. terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain (State or country) mation should be carefully MOTHER TION is very important. 15. MAIDEN NAME CAUSE OF DEATH 16. BIRTHPLACE (city or town (State or country) 18. BURIAL, CRE -WRITE 19. UNDERTAKER (Address)

08582	(38	5	S	2
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	Registration	Dist. No.	
No. 4/1 Was		St	3 Ward
death occurred in a hospital or institut			d number)
ds. How long in U.S. if of	f foreign birth?	yrs	mos ds.
rehavor			
. 4			
St., 3 Ward.	If nonresident	give city or town as	od State
MEDICAL CE	A COUNTY OF THE PARTY OF THE PA	OF DEATH	id Diate
21. DATE OF DEATH			
	hely	14	193
	(Menth)	(Day)	(Year)
22. LHEREBY	CERTIE	Y. That I attende	d deceased from
	19-3/ 10	ale 1H	3/
Wast saw h sain alive on &	11	4/ 3	/
	222		; death is said
to have occurred on the date state			
The PRINCIPAL CAUSE OF DEAT were as follows;	H and related caus	ses of importance	Date of onset
House,	1/eph	relea	7-6-31

Other Contributory Causes of impo			
75-77	tiole		
veres on	our au	471	
on Jul	76-1	7 71	
Name of operation		Date of.	
What test confirmed diagnosis?		Was there ar	autopsy?
23. If death wes due to external cause			
Accident, suicide, or homicide?			
Where did Injury occur?			
	(Specify city or	town, county and Si	ate)
Specify whether Injury occurred In	INDUSTRY, in HO	OME, or In PUBLIC P	LACE,

Manner of Injury			
Neture of Injury			
24. Was disease or Injury in any wa	ay related to occue	nation of deceased?	Mo
If so, specify	7/	1	.00
(Signed) IM	1 Hen	elde	M. D.
(Address)	litre	- Me	
(Manages)		/	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

STATE OF MARYLAND-CERTIFICATE OF DEATH

V. S. No. 1

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of enilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car Tweek ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastrocoteritis 1 year

0

PLACE OF DEATH	68583 STATE OF MARYLAND
County Wlcomico	CERTIFICATE OF DEATH
	Registration Dist. No. 333
Village or City Sales bury (No. P.	I Anstal St. #13 Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME Vilginia Lee D	is coll 409 Mailing Street and Salesbury
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale White Single, wingle MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH July 13, 1931 (Month) / 3 (Day) / 93 (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Jan 4 1931	8 197/. to Jely 3 , 193
(Month) (Dsy) (Year)	that last say h lastive on 12, 19
AGE [If LESS than	The days spaced above, at the second
Q yrs. 6 Mo mos. 9 ds. or min.	
a OCCUPATION (a) Trade, profession or particular kind of work Mone	Alles Colity
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)vrsmos/d.ds.
BIRTHPLACE (State or country) Manual	Contributory Secondary
10 NAME OF GENERAL Druscoll	(Signed)
OF FATHER	192 (Address)
OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother ada more	18 LINGTH OF RESIDENCE (For Mospitals, Institutions, Truns- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Maryland	At place of death yrs mos. de. In the State yrs de.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Salesbury
Serve Or Wainer	Former or usual residence
(Address) 9 Martin st. Saluty My	Parsons am. Date of Burial
Filed July 14,9231. &. May Muner	Hollowers & Co. Salishing M
	r, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Fublic Health Association.)

cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from work, or At Home, and ehildren, not gainfully em-ployed, as At school, or At home. Care should be taken er," ete., Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. additional line is provided for the latter statement; it nature of the husiness or industry, and therefere an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quos-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*laborer, Farm laborer, Laborer—coat mine, etc. woun-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Howemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as For persons who have no occupation (b) Automobile factory. The material As examples: (a) (b) Grocery;

s, inal meningitis"); Dinhtheria (avoid use of "Croup"); ferer (the only definite synonym is "Epidemiz cerebro-Typhoid fever (never report "Typhoid Pneumonia"); ed term for the same dise se. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISto time and causation), using always the same acceptpneumonia, Broncho:pneumonia ("Pneumonia,

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease st_ted unless important. approved by Committee on Nomenclature can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-(secondar or intercurrent) affection need not be st.ted unless important. Example: Measles (disease Whooping caugh; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; etc. The contributory

data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. permanently filed. If this certificate is looked over thoroughly and a i qu'etions

BINDING

RESERVED

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
BUREAU V. S.	1		
Other contributory causes-of importance:		Other contributory causes of importance:	,
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

certificate.

back of

See instructions on

TION is very important.

20. FILED

PHYSICIANS should state

of OCCUPA-

Exact statement

STATE OF MARYLAND	CERTIFICATE OF DEATH 08585
1. PLACE OF DEATH	93-0
County It scomics	Registration Dist. No. 333
Village or City Jalesbury	No. St., 9 Ward
(If Length of residence In city or town where death occurred yrs	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Martha Cane C	nmons
(a) Residence: No. Latinore ma	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
G. SEX 4. COLOR OR RACE 9. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Day) (Par)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Capt. J. Commons	22 HEREBY CERTIFY, That I attended deceased from 2.5, 1831, to 2.1, 1931
6. DATE OF BIRTH (month, day, and year) Hele 18, 1854	last saw help alive on ; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 3. A .m.
77 8 9 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, House Hork SAWYER, BOOKKEEPER, etc.	Clivere my would
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Dato deceased last worked at this occupation (month and year) occupation occupation	
12. BIRTHPLACE (city or town) Wicomico Co Audi	Other Contributory Causes of importanca:
13. NAME mickle Hunt	
13. NAME Mickle Kunt 14. BIRTHPLACE (city or town) Micropico (U.) (State or country)	Nama of operation
15. MAIDEN NAME Margaret Sullivan	23. If death was dua to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT The Googe B. Hay (Address) Salisbury Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Price Pull Date Guely 28, 19.37	Manner of Injury
19. UNDERTAKER he Hill of Johnson Co, (Address) Salisting maryland.	24. Was disease or injury in any way related to occupation of deceased?

urue Begistrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
TOPE !	-3		
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OCCUPATION

FATHER

MOTHER

20. FILED:

LION

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Control towards and the control to the control towards and the control towards	1921	Run over by street car	1 week ago
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The second secon			
Other contributory causes of importance:		Other contributory causes of importance:	
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IARGIN RESERVED FOR BINDING

8. No. 1

(Year)

Date of onset

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Other contributory causes of importance:	331	Other contributory causes of importance:	
Gallstones EURIAU	V May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. (If denth occurred in a hospital or institu-tion, give its NAME In-stead of street and number.) properl of certif PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 4 COLOR OR RACE 16 DATE OF DEATH 3 SEX MARRIED, be may be n back WIDOWED. OR DIVORCES pino (Write the word) (Month) HEREBY CERTIFY, That i Attended the deceased 6 DATE OF BIRTH lied. ACE and is so that istructions alive on (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * upplied min.? or OCCUPATION te (a) Trade, profession or 00 20 particular kind of work 0 (b) General nature of industry p business, or establishment in 2 which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) D W OG 10 NAME OF (Signed) FATHER J L 00 (Address) 8 11 BIRTHPLACE (O III OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. (2) Whether uo CAUC (State or country) Informatic 12 MAIDEN NAME 0 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, OF MOTHER state CCUP/ ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death. ..yıs......mos. (State or Country) of of of Where was disease contracted, if not at place of dea.h? of to 14 THE ABOVE IS TRUE shou Former or usual residence Every it CIANS statement 19 PLACE (Address If more bianks are needed, addre. s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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MARGIN

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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The ques-Statement of Oecupation-Precise statement of ocstate occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton nature of the business or industry, and therefore an sary to know the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the mill; (a) Salesman. (6) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stited unless important. Example: Mcasles (disease approved by Committee on Nomenclature (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation -was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJULY cough; Chronic valvular heart disease; etc. The contributory Always qualify all

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be proporly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ITH UNFADING INK--THIS IS A PERMA NLY WRITE PI

V. S. No. 1

ECORD MARGIN RESERVED FOR BINDING

							MARYL	
County W	ie mice	5			CEF	RTIFICAT	E OF DI	EATH
		a I Vir a a a aa a stiir gaara	_	(146)		D	Dist No	332
MIABIN # 4	1.008	and	12000	Dr qua	~ ~	Registration	,,,,,,,	
Village or City_	NAME UN	Betie	1/2	all-	S Voe	Liebs	tion, give	occurred l or instit its NAME i f street ar
PERSON	AL AND STATIST	ICAL PARTICU	ILARS	ME	DICAL CE	RTIFICATE	OF DEATH	4
Xas E	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)		16 DATE OF DEA	тн	(Meoth)	(Day)	, 19 <u>2</u> 3/
6 DATE OF BIRT	н			17 / LHER	EBY CERT		ftended the	
	seno	mon.	1	July.		21.10	47	, 192
	(Month)	(Day)	(Year)	that I last saw h	A alive	on Ass	47	, 192
7 AGE			IfLESS than	and that death o	ccurred on	the date stat	ed above, at .	114
2	3		I day hrs.	The CAUSE OF	EATH * W	as as follows:	10.	
*****	yrs.	mosds.	ormin.?	- Cell	Entering !	enery	peg	mary
BOCCUPATION	. — . — . — . — . — . — . — . — . — . —							
(a) Trade, prof				001 0001 1 10001 00000 1 1 000000		***************************************		
particular kind	of work	***************************************	****************	001 0000 00000 00000 000000000000000000		***********************	• • • • • • • • • • • • • • • • • • •	
particular kind (b) General nat business, or esta	of work ure of industry ablishment in			***************************************		(Duration)	VIS.*4	mos 2
particular kind (b) General nat business, or esta	of work	Jour	ife	Contributory		_(Duration)	yrs.\	.mos2
particular kind (b) General nat business, or esta which employed	of work ure of industry ablishment in d or (employer)		mi	Contributory Secondary		(Duration)	yra.\\	.mos2
particular kind (b) General nat business, or est which employed	of work ure of industry ablishment in d or (employer)		mfr	Secondary		(Duration)	Syrs.	nos 2
particular kind (b) General nat business, or est which employee BIRTHPLACE (State or coun	of work ure of industry ablishment in d or (employer)	are.	mfe			(Duration)	July July	Anos
particular kind (b) General nat business, or est which employee BIRTHPLACE (State or coun 10 NAME OF FATHER 0 11 BIRTHPLA	of work	Jour.	ifu	Secondary (Signed)	A. (Add	(Derration)	fich	3- Len
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particular kind (b) General nat ousiness, or est which employed BIRTHPLACE (State or coun 10 NAME OF FATHER 11 BIRTHPLA OF FATHE (State or coun 12 MAIDEN N OF MOTHE 13 BIRTHPLA	of work were of industry ablishment in d or (employer) where try) were certain try) where try) was a certain try) where try was a certain try where try was a certain try was	were wares	m.	(Signed)*State the Violent Causes Accidental, Suic	Disease , state (1) idal or Homi	Causing Deat Means of cidal.	th, or, in de Injury and (eaths from 2) Whether
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particular kind (b) General nat ousiness, or est which employed BIRTHPLACE (State or coun 10 NAME OF FATHER 11 BIRTHPLA OF FATHEI (State or coun 12 MAIDEN N OF MOTHE 13 BIRTHPLA OF MOTHE (State or C	of work ure of industry ablishment in d or (employer) try) CE R country) NAME R COE R country)	Serving Serving of My Knowle	m. A. EDGE	(Signed)*State the Violent Causes Accidental, Suic 13 LENGTH Of ients or Recen At place of deathyrs	Disease, state (1) idel or Home RESIDENG t Residents	ress) Causing Deat Means of icidal. CE (For Hos.)	ch, or, in de Injury and (pitals, Institu	The second second
perticular kind (b) General nat ousiness, or est which employed BIRTHPLACE (State or coun 10 NAME OF FATHER 11 BIRTHPLA OF FATHE (State or coun 12 MalDEN N OF MOTHE 13 BIRTHPLA OF MOTHE (State or Coun 14 THE ABOVE IS (Informant)	of work ure of industry ablishment in d or (employer) try) CE R country) AAME R country) TRUE TO THE BEST	PRUDO OF MY KNOWLE PARLE	m. EDGE	*State the Violent Causes Accidental, Suic 13 LINGTH OF ients or Recen At place of death	Disease, state (1) idal or Homi RESIDENG t Residents mos.	ress) Causing Deat Means of icidal. CE (For Hos.)	th, or, in de Injury and (pitals, Institute yrs	eaths from 2) Whether ations, Trus
particular kind (b) General nat ousiness, or est which employed BIRTHPLACE (State or coun 10 NAME OF FATHER 11 BIRTHPLA OF FATHEI (State or coun 12 Maiden N OF MOTHE (State or Coun 13 BIRTHPLA OF MOTHE (State or Coun 14 THE ABOVE IS	of work ure of industry ablishment in d or (employer) try) CE R country) AAME R country) TRUE TO THE BEST	OF MY KNOWLE CANCELLANDER TO MY KNOWLE TO	De Segistrai	*State the Violent Causes Accidental, Suice State of Recental At place of death	Disease, state (1) idal or Homi RESIDENG t Residents mos.	Causing Deat Means of cidal.	th, or, in de Injury and (pitals, Institute yrs.) DATE O	eaths from 2) Whether ations, Trus

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(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Loborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an Civil engincer, tion applies to each and every business, that fact may be indicated thus; Farmer (reworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The materia For many occupations a single word or term on (b) Colton mill; (a) Salesman, without more precise specification as Doy For persons who have no occupation Stationary fireman, etc. But in many person, irrespective of (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

> "E:haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough; (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic Example: Measles (disease etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state CORD. Every item of infor-Exact statement of OCCUPA. N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT IN mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important See instructions on back of certificate

IARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08590
1. PLACE OF DEATH	92-0
County Weerman	Registration Dist. No. 76 336
Village or City Near Shurp tron	No. St., Ward
Length of residence in city or town where death occurredyrs,mos	f death occurred in a horpital or institution, give its NAME instead of street and number) s
2. FULL NAME Sallis & Mus	med as
(a) Residence: No.	St., Ward.
(Us at place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEY 4. COLOR OR RACE OR DAVORCED (with the word) TEMPORAL MARRIED, WIDOWED. OR DAVORCED (with the word)	21. DATE OF DEATH (Monyh) (bay) (Year)
5a. If merried, widowed or divorced HUSBANO of (or) WIFE of Milliam & Marowkes.	1 HEREBY CERTTY, That I attended deceased from 29 1931 to 1951
6. DATE OF BIRTH (month, day, end year) Oct 14, 1859	Plast saw h M alive on Section 3 d , 195/; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at6.304_m.
7/ 8 /6 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as fellows:
8. Trade, profession, or particular kind of work done, as SPINNER, Advise Wife SAWYER, BOOKKEPER, etc.	Chronic Valoralar
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	Neseares
v.ork was done, as SILK MILL, SAW MILL, BANK, etc	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) (State or country)	Unit Continuory Canses of Importance.
13. NAME Ta 10, Oughth	
13. NAME Ta 10, Oggston 14. BIRTHPLACE (city or town)	Name of operation Oate of Oate of
(State or country) 15. MAIDEN NAME Massing Charles	What test confirmed diegnosis? Was there an autopsy? Was there an autopsy?
	23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city, or town) (State of sounity)	Where did injury occur?
17. INFORMANT Pilliany Mnowled (Address) marshela, mil	(Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Type for wwwDate July 2, 1931.	Nature of injury
19. UNDERTAKER DE PROPERTO EN SONO PROPERTO POR SONO POR	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO July 3 , 1931 Mary E. Mann. Registrar.	(Signed) Ito, Styckeyear M. D. (Address) Largetown Red
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

• Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
2			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

PLACE OF DE	ATH	085	91 STATE OF MA	DVIAND
County Will	•	(959.)	CERTIFICATE O	
	,		Registration Dist.	No. 339
Village or City Z	1//0	rus	tio	f death occurred in hospital or institute, give its NAME in ad of street number.)
PERSONAL AND	STATISTICAL PARTICULA	ARS MED	ICAL CERTIFICATE OF E	DEATH
male Go	R OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	Sower 16 DATE OF DEAT		22 , 1905/
6 DATE OF BIRTH	(Month) (Day)	1 July 20	BY CERTIFY, That I attende	d the deceased from
7 AGE 7.7 y		LESS than and that death occ	curred on the date stated nbov	
(b) General nature of in business, or establishme which employed or (emp BERTHPLACE (State or country)	nt in	Contributory Secondary	M (Duratión) yrs	mosds
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country)	molef Mor	Violent Causes,	(Address) Death, or, state (1) Means of Injury	in deaths from and (2) Whether
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	ouiser wi	B LENGTH OF F	al or Homicidal. RESIDENCE (For Hospitals, Residents)	Institutions, Trans
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	Med of MY KNOWLED OF THE BEST OF THE BEST OF MY KNOWLED OF THE BEST OF T	ients or Recent At place of death yrs Where was disease on	al or Homicidal. RESIDENCE (For Hospitals, Residents) In the State State	Institutions, Trans yrs

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Collow will Side on the material worked on may form part of the second statement. Never return "Laborer," "Förem n." "Manager," "Dealshould be used only when needed. fulness of various pursuits can be known. cupation is very important, so that the relative healthfired 6 yrs state occupation at been ling of ill er. If retired ployed as At chool, or it have. Chrostoudd be taken to report specifically the occupations of persons enen at home, who are ensured in the dutie of the er," etc., additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know 'a the kind of work and also b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary forman, etc. But in many the first line will be sufficient, e g., Farmer or Planter, whatever, write None business, that fact may be indicated thu; Farmer reor given up on account of the HISTAR CAULING DEATH, gaged in donactic service for vig. 1827:34, Housemand, etc. If the openination has been en definite salary household only the gail Harman who receive a Physician, Compositor, Architect. tion applies to e ch and every Statement of Occupation -- Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on Farm labor without more precie specification as Day For persons who have no occupation If the or wather he been clanged person, irrespective of Locomolire As examples: (a) engineer, Wom-

Statement of Chuse of Death Name, firs, the Distance CAUSING DEATH the Hard Recombined to time and chuse too, ing Parameter accepted term for the rank of a Frank Company fewer the only definite agreement. "The Cum cerebrostinal meningiti": Diskil and the of "Croup"); Typhoid fewer never reper "The All Commonia"); Lobar preumonia, Browley which Pneumonia,"

as fracture of shell, and consequences it. g., sepsis, televis may be sated under the head of contributory." accession, Restroy in it is lest American Medical A sociation. (Recommendations on st tement of cause of approved by Committee on Nomenclature carbbi car de probably and ide. The nature of the injury, Examples: Accidental drawning; Struct by redwey train State cause for which surgital operation was "PUERPERAL'S phononua, "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopnoumonia (secondary), stated unless important. (secondar; or intercurrent) affection need not Chronic interstitial nephritis, use of "Tumor" inges, perdonaeum, etc., Carcinoma, Sarcona, etc., oi unqualified, is indefinite; Tuberculosis of lungs, menand qualify as ACCIDENTAL, SUICIDAL OF HOUICIDAL or as probably such, if imposible to determine definitely. taken. FOR VIT LENT DEATHS State MEANS OF INJURY can be ascertained Whooping cough; "Atrophy." "Collapse." "Coma," "Convulsions, (name origin; "Cancer" is less definite; avoid resulting from childbirth or misearria; RAL s plicacnia," "PUERPERAL peritonitis. for malignant neoplasms); Measles; Chronic as the cause. Always qualify all Example: Measles (disease ralvular heart disease; etc. The contributory or miscarriage as under-

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1	STATE OF MARTLAND—	CERTIFICATE OF DEATH 08592
1	Alina : x	Posistration Dist. No. 333
	County July May Salia Number	Registration Dist. No.
		death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or then where death occurred	ds. How long in U.S. if of foreign birth?yrsmos
2	2. FULL NAME / MONAO J. U. MANN	0
	(a) Residence: No. / W. Allumury (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SEX 4. COLOR OF RAGE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 24, 193 / (Year
5a.	If married, widowed, or divorced HUSBAND of Cor) WIFE of Kare P. Marris	22. THEREBY CERTIEY, That I attended deceased
6. 1	DATE OF RIRTH (month, day, and year)	I last saw hair aliva on Juy 22 , 193 ; death is
-	AGE Years Months Days If LESS than	to have occurred on the data staled above, at
	69 3- 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of o
NO	8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Pary my Under
E	9. Industry or business in which	
CCURA	work was done, as SILK MILL, SAW MILL, BANK, etc	
9	10. Date deceased last worked at this occupation (month and year)	
12	BIRTHPLACE (city or town)	Other Contributory Causes of importanca:
12.	(State or country) Multiple	,
HER	13. NAME Thomas J. Mons	<u> </u>
FATHER	14. BIRTHPLACE (city or town)	Nama of operation
	15. MAIDEN NAME (A 13 11 10 11 11 11 11 11 11 11 11 11 11 11	What test confirmed diagnosis? Was there an autopsy?
OTHER	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury Date of Injury 19
W	(State or country)	Where did Injury occur?
17.	INFORMANT DE MANNS, A. R. D. L.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury
_	Placa A 4444 0 Date 17 11 31, 19	Natura of injury
19.	UNDERTAKER ILL AUGA HULL O.	24. Was disaasa or injury in any way related to occupation of deceased?
-	(Addiess) Salishuff, To d.	(Signed) There R Mann
1		U. COLEMBA I

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	100	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUKEAU V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal minc, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebrospical spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of approved by Committee on Nomenclature telpnus) may be stated under the head of "contributory." (name origin; "Cancer" is less definite; avoid American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping cough; as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS state MEANS OF INJURY perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condior intercurrent) affection need not be ess important. Example: Measles (disease Chronic valvular heart disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH item of pluods Registration Dist. No County -Village or City Jo (If death occurred in How long in U.S. If of foreign birth?. Length of residence in city or town where death statement PHYSICIAN Ward. CORD. If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write 10)e PERMANENT TL classified. 5a. If married, widowed, or divorced HUSBAND of That I attended deceased from (or) WIFE of 国 certificate. 6. DATE OF BIRTH (month, day, and year) properly Montks stated above 7. AGE Davs LESS than FOR CAUSE OF DEATH and related causes of importance 01.... min. S 8. Trade, profession, or particular THIS kind of work done, as SPINNER, RESERVED of SAWYER, BOOKKEEPER, etc. may back 9. Industry or business in which bluods work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) on spant in this this occupation (month and that occupation instructions UNFADING Other Contributory Causes of importance 80 ARGIN 12. BIRTHPLACE (city or town) supplied. terms. FATHER 13. NAME See plain (State or country What test confirmed diagnosis?... Was there an autopsy?_____ carefully MOTHER important. 23. If death was due to external causes (VIOLENCE) fill in also the following in Accident, suicide, or homicide? DEATH 16. BIRTHPLACE (city or town) WRITE PLAINLY (State or country Where did injury occur?____ pe (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. should very OF (Address) 18, BURIAL, CREMATION, Manner of Injury .8 CAUSE mation Nature of Injury MOLL 24. Was disease or injury in any way related to occupation of deceased? (Address) If so, specify (Signed)

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Date of enset

vi

BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

xample I	i	Example II		
th and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
AIIG A 1931	1915	Attack of epilepsy	1 week ago	
	1921	Run over by street car	1 week ago	
BUREAU V.	July5,1927	Peritonitis	3 days ago	
of importance:		Other contributory causes of importance:		
	May 1,1923	Gastroenteritis	1 year	
	ows:	of importance:	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

PHYSICIANS should state CORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. IS A PERMANENT properly classified. IARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. WITH UNFADING INK-THIS he mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may B.—WRITE PLAINLY,

V. S. No. 1

ż

	STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1	. PLACE OF DEATH	3	4 4 4
	Village or City Douby 3rd	No. Perus Gest Hospital of institution, give its NAME instead of street and nu	133 (Bward
		How long in U. S. if of foreign birth? yrs mos	
2	2. FULL NAME Infant Pollies.	Thill four	
	(a) Residence: No. Peu Geme Thomas (Usual place of abode)	Ward. If nonresident give city or town and S	neue)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	SEX 4. COLOR OR RACE OR DIVORCED (write the word) Sungle	21. DATE OF DEATH Stiel Greek /// (Month) (Oay)	193 (Year)
5a.	If married, widowed, or divorced HUSBANO of (or) WIFE of State Price	22. I HEREBY CERTIFY. That I attended do	eceased from
6.	DATE OF BIRTH (mnnth, day, and year) 2/11/3/	I last saw h_ ain tree Brek p 1900	death le sald
7	AGE Years Months Days It LESS than I day, hrs.	to have occurred on the date stated above, a like muse of the PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	~
NON	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Duel brick	Oate ot onset
UPAT	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		
000	10. Oate deceased last worked at this occupation (month and year)	Other Contributory Causes of importance:	
12.	BIRTHPLACE (city or town) Labelly md - (State or country)	Silva Statistics, Casas of Importance	
IER	13. NAME Carl W Poller		
FATHER	14. BIRTHPLACE (city or town) Wiscomes (State or country)	Name of operation	Innev? NO
ER	15. MAIDEN NAME Manie R. Moore.	23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (city or town) Wiccous Co (State or country)	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17.	INFORMANT Care Poeliti (Address) Hebron, Mrd.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLAC	Œ.
18.	Place Journal Oate July 12,1931	Manner of Injury	
19.	UNDERTAKER Carl Jr. Pollett acking (Address)	24. Was disease or injury In any way related to occupation of deceased?	
20.	FILEO July 12,1931. C. May Turner Registrar.	(Signed) Thur A Mann (Address) Saladay My	M. O.
	16 11 11 11 11 6 7 7 1		

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Z			If more	b.anks are	needed, ad	dre.s Lta	te liegistrar,

STATE OF MARYLAND CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

Registration, Dist. No. (If death occurred In a hospital or institu-tion, give its NAME is-stead of street and number.)

Juy 12, 195	
(Month) (Day) (Year)	
17 I HEREBY CERTIFY, That I attended the deceased from	
Jeey 6 190/ to July - , 190/,	
that I last saw handlive on Joy !! , 192,	
and that death occurred on the date stated above, at 19 m.	
The CAUSE OF DEATH * was as follows:	
Tremalore Direct	

(Duration) ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Contributory	
(Signed) Duration yes mos ds.	
1/12 19B/ (Address) Dalily Ind	
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	
*State the Disease Causing Death, or, in deaths from Violent Causes, state (I) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 10 LUNGTH OF RESIDENCE (For Hospitals, Institutions, Trunsfents or Recent Residents)	
Accidental, Suicidal or Homicidal. 18 LENGTII OF RESIDENCE (For Hospitals, Institutions, Trunsients or Recent Residents)	
Accidental, Suicidal or Homicidal. 13 LUNGTH OF RESIDENCE (For Hospitals, Institutions, Trunsients or Recent Residents) At place of deathyrsmosds.	
Accidental, Suicidal or Homicidal. 10 LUNGTII OF RESIDENCE (For Hospitals, Institutions, Trunsients or Recent Residents) At place of death yrs mos ds. In the State yrs mos ds. Where was disease contracted, it not at place of death?	
Accidental, Suicidal or Homicidal. 10 LUNGTII OF RESIDENCE (For Hospitals, Institutions, Trunsients or Recent Residents) At place of death yrs mos ds. In the State yrs mos ds. Where was disease contracted, it not at place of death?	7
Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trunsients or Recent Residents) At place of death yrs mos ds. In the State yrs mos ds. Where was disease contracted, it not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 3P)	?
Accidental, Suicidal or Homicidal. 10 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. In the State yrs mos ds. Where was disease contracted, it not at place of death? Former or usual residence as a large yrs mos ds. Parte of Burial OR REMOVAL BATE OF BURIAL JP) Carrow C. J.	?
Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trunsients or Recent Residents) At place of death yrs mos ds. In the State yrs mos ds. Where was disease contracted, it not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 3P)	7

No. 1 3/2

(Approved by U. S. Census and American Fublic Health Association.)

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V & No. 1

	E OF DEATH	and the first below.	08534	STATE OF	MARYLAND
County	cicomilo			CERTIFICATI	OF DEATH
	•		(32-0)	Registration	Dist. No. 336
Village or Cit	ty Ollman	(No		St.: Ward	(If death occurred in
2FU	ULL NAME Haw	and Queston	R	**************************************	a hospital or institution, give Its NAME is stead of street and number.)
PERSO	NAL AND STATIST	ICAL PARTICULARS	MEDIC	AL CERTIFICATE	OF DEATH
3 SEX	4 COLOR OR RACE	SSINGLE. Sengle	16 DATE OF DEATH	10	5//
	1074-117	WIDOWED. OR DIVORCED	*************************		4 , 1923/
male	a.a.	(Write the word)	***************************************	(Month)	(Day)(Year)
6 DATE OF BI	RTH		17 1 HEREBY	CERTIFY, That Jat	tended the deceased from
	mas	12 , 1928	177. Mj	1923 /. to 2	192/
	(Month		that I last saw h	alive on Ty	4 3 1971
7 AGE		IIf LESS tha	n and that death occur	red on the date state	dahove at m
		1 day hr			
	// yrs. 3	mos. 22 ds. or min.	9 9 13 04	sees of	2 februse
(a) Trade, p		. 0	1.12.00		
particular kin	nd of work Sel	roslipy			· · · · · · · · · · · · · · · · · · ·
(b) General 1	nature of industry				······································
	establishment in oyed or (employer)			(Durstion)	yrs. 6 mos de.
9 BIRTHPLACI			Contributory	ol mily	Ex 9, 13 m
(State or co			Secondary		1 0
10 NAME	OF CE		- wwy	g(Duration)	yrsds.
FATHER		Duhield	(Signed)	VI no	,, M. D.
11 BIRTHPI	LACE	Wishelld	- Sal (1 1922	1 (Address) / JU	cona Dr
- OF FATE	HER 7		*State the I	iscase Causing Death.	or, in deaths from
ш	or county)		Violent Causes, st Accidental, Suicidal	ate (1) Means of la	njury and (2) Whether
V OF MOT	3 4	9 1			tals, Institutions, Trans-
13 BIRTHP	PLACE O	a dunion	ients or Recent Re	sidents)	
OF MOT	HER (h)		At place of deathyrsm	In the	teds_
	r Country		Where was disease conti	racted,	
14 THE ABOVE	IS TRUE TO THE BEST	T OF MY KNOWLEDGE	if not at place of dea.	h?	**************************************
(Informani	1) Ulfred (Y of	Former or usual residence		***************************************
(mrorman	outline !	- mose	19 PLACE OF BURIA	L OR REMOVAL	DATE OF BURIAL
(Add	dress) Weln	ran ma	1. 1	no and	Inlu 6 1031
15 /	1 ,	1 H	20 UNDERTAKED	em ma	ADDRESS
Filed TH	ly 11 1931 21	& Dunn	000		1 1 0
	//	Registra	The seen	art	Jalishung By
	If more banks are	needed, address Ltate Negistin	7, 16 W. Saratoga St., I	Balto., Kequesting V.	S. 1.0. 1.

ACPO'Y

(Approved by U. S. Census and American Fublic Health Association.)

whatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Loborer-Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (0) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, e. g. Farmer or Planter, tion applies to each and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemoid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Nanager," "Dealnature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, worked on may form part of the second statement. ." etc., report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Doy For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept, ed term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia");

> "E:haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all diseases resulting from callabirth or miscarriage as "Uracmia," "Weakness," etc., when a definite disease "Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. use of "Tumor" for malignant neoplasms); Mcosles; unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The n-ture of the injury, uccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by roilway train-(secondary or intercurrent) affection need Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY 'Congenital," "Senile," etc.), "Dropsy,
> "Heart failure," "Haemorrhage, Chronic Example: Measles (disease etc. The contributory valvular heart not be diseose;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

15	PLACE OF DEATH	00000
YSI-	7//	STATE OF MARYLAND
T	County Miconeso	CERTIFICATE OF DEATH
6,0	WITER CONFUNATE LIBITO OF	Registration Dist. No. 933
O TIE	Village or City Valerburg Ma (No. 124.	See Nos be Sand Burns (If death occurred in
AC AC las		a hospital or institu- tion, give its NAME it -
COR EXAC Iy clas	2FULL NAME Dorolhea Ca	hordson stead of street and number.)
pori		
Top	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
000	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED	16 DATE OF DEATH
d be	Tomale Polored (Write the word)	7 7 7 192
2 3 50	6 DATE OF BIRTH	(Month) (Year) (Year) 17 I HEREBY CERTIFY, That Lattended the deceased from
ER tho	7- /	July 27 3/ 10 July 30 13/
A F CE s hat ons	Moy 6, 1929 Month) (Day) (Year)	that I last saw her alive on They 30 1823
S A S	7 AGE [If LESS than	1:500-
d. d.	l dayhrs.	and that death occurred on the date stated above, at m. The CAUSE OF DEATH * was as follows:
HIS	7 yrs. 1 mos. 24 ds. or min.?	2 2 7
upp ter se i	B OCCUPATION (a) Trade, profession or	acule Thotolio
× s c s	particular kind of work	
IN nt.	(b) General nature of industry business, or establishment in	7
NG ring	which employed or (employer)	(Duration) yrs. mos. ds.
ADII ATH mpo	9 BIRTHPLACE	Contributory Secondary
P. P	(State or country) Horin laroleua	(Duration)yrsds.
Z PD Z	10 NAME OF FATHER	(Signed) 1 June R Mann. M. D.
CF	11 BIRTHPLACE	7/30 13/ (Address) Daluby 77d.
SE	of father 1	
CAU	Z (State or country) for the Laroleus)	*State the Disease Causing Death, or, in deatha from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
V 10 - A	of Mother Thais Chandles	18 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Trans-
NL Norm	13 BIRTHPLACE	ients or Recent Residents)
E 00	OF MOTHER (State or Country) (State or Country)	At place of deathyrsmosds. In theyrsds.
Pro of or or or or or	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, ar he kome -
H E 6+	R. 18. 1918.	Former or Daluby RYD 4.
RIT Itel Itel	(Informant) January Europa Her	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
N V K	(Addrage) Laly Show &	11. 1 1 1 July 21 31.
Ever	(1144-600)	20 UNDERTAKER CENTRADDRESS
1	Filed July 3/ 1923/. V. May Jurie	(() () () () () () () () () (
m :	Registra	Mr. S. Williams Snow all,
2	If more b.anks are needed, addre.s tate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore a sary to know cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planler, Foreman, (b) Automobile factory. The material or Al Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day specifically the occupations of persons en-Compositor, Architect, Locomolive engineer, For persons who have no occupation (a) the kind of work and also (b) the 6 Grocery

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosi inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia");

carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL perilonitis, can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomst_ted unless important. Example: Measles (disease as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY (name origin; "Cancer" is less definite; avoid cough; Committee on Nomenclature Chronic etc. valvular heart disease; The contributory Always qualify all not be

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N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact CORD TH UNFADING INK--THIS IS A PERMAN ILY,

MARGIN RESERVED FOR BINDING

WRITE PLI

	08599
PLACE OF DEATH .	STATE OF MARYLAND
County Eve Com (Co	CERTIFICATE OF DEATH
1. 1 . Easlarn	The Registration Dist. No. 333
Village or City alesbury (No. Juliuce) 2FULL NAME Martha Bell	St.: (3 Ward) (If death occurred I a hospital or institution, give its NAME I stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jean ale White OR DIVORCED (Write the word)	16 DATE OF DEATH July 15, 1931 (Month) (Day) (Year)
6 DATE OF BIRTH	17 / I HEREBY CERTIFY, That I attended the deceased from
octor 13, 1916	June 20, 1901. 10 July 15, 190
(Month) (Day) (Year) 7 AGE If LESS that dayhrs	. The CAUSE OF DEATH * was as follows:
a) Trade, profession or particular kind of work	Vulinnay tubrealois
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yre6de
9 BIRTHPLACE (State or country) Mary Caux	Contributory Secondary
10 NAME OF Emest Shoes	(Signed) Charles D. Steep Lan M. D. July 15, 1921 (Address) Salisbury M.
11 BIRTHPLACE OF FATHER (State or country) Waryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Edith Bozman	16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country) Manyland	At place of death yrs mos Z da. In the State yrs mos da
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Taleschury MA Former or 413 Coashmyta H., Saleschury M
(Informant) Mr. Ernest Shores	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Salisbury mch.	Parsons Cemetery July 17. 1931
Filed July /61983/ & May Junes	The Hill & Johnson Co. Salisbury me
If more blanks are needed, address State Registre	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the additional line is provided for the latter statement; if sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed r," etc., report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

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> State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia, " "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcan be ascertained as the cause. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, causing death), 29 ds.; Bronchopneumonia (secondary), Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic valvular heart disease; etc. The contributory Nomenclature Always qualify all

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WRITE PL

PLACE OF DEATH	U8600 STATE OF MARYLAND
County / liconico	CERTIFICATE OF DEATH
t2/ t3/	(23) Registration Dist. No. 736
Village or City No	St.: Ward) (If death occurred I a hospital or institution, give Its NAME in stead of street an
2FULL NAME (OXX (8) LEATTICE S	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A COLOR OR RACE SINGLE, MARRIED, WHOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH July 27, 198/
DATE OF BIRTH	(Month) (Day) (Year)
0110 22 19/2	Jul 6 1921. to Jul 27, 1927,
(Month) (Day) (Yesr)	that I last saw h 12 alive on 1825. 2 6 , 1923
If LESS that I dayhrs	The CAUSE OF DEATH * was as follows:
yrsds. ormin.	
(a) Trade, profession or particular kind of work	Two yours of muys
(6) General nature of industry	
husiness, or establishment in which employed or (employer)	(Durstion) yrs. mos d
BIRTHPLACE (State or country)	Contributory Refreshed & Manuschang Secondary
10 NAME OF FATHER COLLEGE AND A COLLEGE AND	(Signed) Dyration yrs. mos. [d. M. [
II BIRTHPLACE	192 (Address) Dillisas Ifil'
OF FATHER (State or country)	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidel or Homicidal.
of Mother Wa Stustane	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran
13 BIRTHPLACE OF MOTHER (State or Country) MC(1)	ients or Recent Residents) At place In the of deathyrsmosds. Stateyrsmosd
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
m 1. 60	Former or usual residence
(Informant) Selfon 5) Omillo	m. P. Com Susse Co- July 29, 19B
	20 UN DERTAKER ADDRESS

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quesor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a tion applies to each and every person, irrespective of Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery,

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> tetanus) may be stated under the head of "eontributory." carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or misearriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," elc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory

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B

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"E haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," diseases resulting from childbirth or miscarriage as 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by (Recommendations on statement of cause of lclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic ocid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy troinor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite discase tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping "Atrophy." "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJULY cough; Committee on Nomenclature Chronic etc. The contributory valvular heart diseose; Always qualify all

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

RESERVED

ARGIN

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a mone precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury; or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 4.	July 5,1927	Peritonitis	3 days ago
	,		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
* The state of the			
97			

PHYSICIANS should state Exact statement of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. IARGIN RESERVED FOR BINDING See instructions on back of certificate. TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08603
1. PLACE OF DEATH	95
County Micomico	Registration Dist. No. 333
The state of the s	alore of Activition Dist. No.
Village or City Saluty (If	death occurred in a hospital or institution, give its NAME instead of street and humber)
Langth of residance in city or town where death occurredyrsmos.	
2. FULL NAME Charles Haller	
(a) Residence: No. hance (Usual place of pode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COOR OB RACE 5 SNIGLE, MARRIED, WIDOWED, OF DIVORCED (write the wgrd)	21. DATE OF DEATH July 29 , 193/Year)
5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of	22. HEREBY CERTIEN, That attanded daceased from
6. DATE OF BIRTH (month, day, and year) Dec 1878	I last saw h
7. AGE Yaars Months Days If LESS then 1 day, hrs.	to have occurred on tha date stated abova, atm. The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance
OZ I I I or min.	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDDNKEPER, etc	angua fections 2
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Dato dacaased lest worked at this occupation (month and year)	
Marchand	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (Stata or country)	
BIN	
14. BIRTHPLACE (city or town) Maryland	
(Stata or country)	Name of operation
	Whet test confirmed diegnosis? Wes there an eutopsy?
15. MAIDEN NAME Lusar Curred 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town)	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19
(State or couplry)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Gaac to Haller y. (Address) Chance Manlan	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Chance My, the July S1, 1931	Neture of injury
19. UNDERTAKER - 3. Wefeslit 19 (Address) 40-	24. Wes diseasa or injury in any way related to occupation of decaasad?
20. FILEO July 30, 1931 J. May Sunne	(Signed) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Exa	imple I	- 1	Example II	
The principal cause of death of importance were as follow	n and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	74	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	MID 0 193	1921	Run over by street car	1 week ago
Cerebral hemorrhage	1000	July 5, 1927	Peritonitis	3 days ago
	PUREAU	5.1	•	
Other contributory causes o	f importance:		Other contributory causes of importance:	= +
Gallstones		May 1,1923	Gastroenteritis	1 year
•				

ARGIN RESERVED FOR BINDING

V. S. No. 1

Exact statement of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. properly classified. certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of mation should be carefully supplied. TION is very important. STATE OF MARYLAND—CERTIFICATE OF DEATH

08604

1. PLACE OF PEATH	97)
County Megnico	Registration Dist. No. 7 330
Village or City Medela Sprengs	No. St., Ward
(If Langth of residence in city or town where death occurred 74 yrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth?
P 11. 601/2/11/1	allox)
2. FULL NAME of LEGIC COMMINGS OF	Ch Word
(a) Residence: No. (Usua Stage of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SE) 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DEFORCED (**pric* the word)	21. DATE OF DEATH July (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	220 HEREBY CERTIFY. That pattended deceased from
6. DATE OF BIRTH (month, day, and year) MA). 17. 185V.	Plast saw hav alive on July 20 1931; death is said
7. AGE Years Months Days If LESS than	to have occurred on the gate stated abova, at 130 B.m.
79 6 A 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, protession, or particular kind of work dona, as SPINNER, W. Thomas	arterio delleroses.
SAWYER, BOOKKEEPER, atc. 9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
1D. Data decaased last worked at this occupation (month and year) spent in this occupation	
na 1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) / Multiple	
13. NAME SULLY N STALLES 14. BIRTHPLACE (city or town) Johnson State of Control of Cont	Name of operation. Data of
(State or country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME and formally	23. If death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
S (State or country)	Whera did injury occur? (Specify eity or town, county and State)
17. INFORMANT GENGELT. Galler, (Address) Bayers M.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR DEMOVAL	Manner of injury
Place Marga 1 d. Day 1939, 19	Nature of injury
19. UNDERTAKER The Hills orline 6.	24. Was disaase or injury In any way related to occupation of deceased?
(Address) Salishuly Md.	If so, specify
20. FILED July 23, 1931 MARS bertion	(Signed) S' Mullian D.
Registrar.	(Addrass)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nophritis;	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

state JPA-	STATE OF MARYLAND-	CERTIFICATE OF DEATH 08605
sponld s	County / Lao zu 20	Registration Dist. No.
sho of (Village or City WESLON	No. St., W. death occurred in a hospital or institution, give its NAME instead of street and number)
YSICIANS	2. FULL NAME Some Some Some Some Some Some Some Some	ds. How long In U.S. If of foraign birth?yrsmos
	(a) Residence: No.//(Usual place of abode)	St., Ward. If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the world) Male A. COLOR OR RACE OR DIVORCED (write the world)	21. DATE OF DEATH (Month) (Day) 193 (rear
classified.	5a. If married, widowed, and ivorced HUSBAND of Odwma Thike	1 HEREBY CERTIFY, That I attended deceased until 10 1981 to July 3 108
ا ته	6. DATE OF BIRTH (month, day, and yeer) July 10. 1966	Tlast say 1 mi aliva on July 3 193/ deeth is
	7. AGE Years Months Deys If LESS than	to have occurred on the data stated above, at
properl	64 6 24 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH end ralated causes of importance ware as follows:
of c	8. Trade, profession, or particular kind of work dona, as SPINNER. Maskers, SAWYER, BOOKKEEPER, atc.	with requires.
may back	9. Industry or businass in which work was done, es SILK MILL, Saller	
on o	10. Date decaasad last worked et this occupation (month and year)	
soucti	12. BIRTHPLACE (city or town) (State er country)	Other Contributory Causes of importance:
rms	13. NAME Lalof Phile	
See instri	14. BIRTHPLACE (city or town). (Stata or country)	Name of operation
ن ت	15. MAIOEN NAME Sarah Greek	23. If death was due to external causes (VIOLENCE) fill in also the following:
rtan	15. MAIOEN NAME Sarah Greeks 16. BIRTHPLACE (city or town) (State or office)	Accident, suicida, or homicide?
EATH	State or country)	Where did injury occur? (Specify city or town, county and State)
OF DE very in	17. INFORMANT CAUJAGE MICE. (Address) Reverlose Mic.	Specify whethar injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
E .s	18. BURIAL, CREMOTION, OR REMOVAL Placa MUSERLOW Oate July 6 2,193.1	Mannar of Injury
CAUS	19. UNDERTAKER To To act the of the (Address)	24. Was disease or injury in any way releted to occupation of deceased?
	20. FILED July 6, 19.31 mary E. Man	(Signed) 2 T. J. Luhluan)
1		2411 N. Charles Street Ballimore Requesting 71 S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		. Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WITH UNFADING INK—THIS IS A PERMANENT RECORD. EX KARGIN RESERVED FOR BINDING

A.	STATE OF MARYLAND	CERTIFICATE OF DEATH 10000
st	1. PLACE OF DEATH	139-8
ould	County Hiconuco	Registration Dist. No. 933
	Village or City Salustury	No. P. B. Hospetal St., 13 Ward
- 0		death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
	B. PM.	O / -
YSICIANS statement	2. FULL NAME Alsen C. My	ht.
YSI	(a) Residence: No. 308 C. Church	St., S Ward. If nonresident give city or town and State
PHYSICIAN ct statemen	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Y. Exa	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write He word)	21. DATE OF DEATH (Month) (Day) (Year)
T jed	5a. If married, widowed, or worked Wa- LL	
X A C T I	HUSBAND of Cor) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
	1 14 179	I last saw have alive on welly 23 1 1931; death is said
ate.	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above at 8.2 cm.
stated E properly certificate.	4/A 1 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
sta pro	8. Trade, profession, or particular	were as follows:
be of	kind of work done, as SPINNER, touche work	Sund Feller infection 13/2
may back	9. Industry or business in which work was done, as SILK MILL,	probably Son pustubes
	SAW MILL, BANK, etc	Crus B.
(FT + 0	this occupation (month and spant in this occupation occupation	
oplied. AGE erms, so that instructions	0-0	Other Contributory Causes of importance:
so so ucti	12. BIRTHPLACE (city or town) (State or country)	
supplied n terms, ee instri	13, NAME Not Staring	_
2 = 4	13. NAME Nat Harys 14. BIRTHPLACE (city or town) M	Name of operation Date of
00 = 0	(State or country)	What test confirmed diagnosis?
efully in pla	15. MAIDEN NAME Lovey Purnell	23. If death was due to external causes (VIOLENCE) fill in also the following:
	15. MAIDEN NAME Jovey Purnell 16. BIRTHPLACE (city or town) Ya. (State or country)	Accident, suicide, or homicide?
ATT.	∑ (State or country)	Where did injury occur?
wation should be car CAUSE OF DEATH TION is very import	17. INFORMANT . Thomas Wift Schoper M	(Specify city or town, county and State) pecify whether injury occurred in INDUSTRY, in HOME, or to PUBLIC PLACE.
sho E Ol	18. BURIAL, CREMATION OR REMOVAL	Manner of injury
SE	Place Tarkely Date July 6 , 1901	Nature of injury
mation CAUSI TION	19. UNDERTAKER Thu D. Johnson	24. Was disease or Injury In any way related to occupation of deceased?
FOF	(Address) Preferly Na.	If so, specify 7/13
3	20. FILED July 23 1931 & May Junes	(Signed) A Man Mo
7	Registrar.	(Address) Which the state of th
	If more blanks are peeded address State Registrer	2417 N Charles Street Raltimore Requesting 71 S No .

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· Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1691	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	AUG COLUMN	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

state item of infor-OCCUPA-1. PLACE OF DE pluods County Village or City Jo (If death PHYSICIANS Every Length of residence in city or town where death occurred statemen 2. FULL NAME (a) Residence: No (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 21. 5. SINGLE, MARRIED, WIDOWED, VORCED (write the word) PERMANENT EXACTL classified. BINDING 5a. If married, widowed, or divorced HUSBAND of 22. (or) WIFE of 6. DATE OF BIRTH (month, day, and year) I la certificate properly FOR 7. AGE Years Months If LESS than to stated 1 day. Tha SI ormin. we IARGIN RESERVED UNFADING INK-THIS may 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... AGE should bac it Data deceased last worked at this occupation (month and On 11. Total tima (years) spent in this so that year) _____ occupation. instructions Oth 12. BIRTHPLACE (city or town) (State or country) supplied. in plain terms. FATHER See 14. BIRTHPLACE (city or town) Na (State or country) mation should be carefully Wh MOTHER very important. 15. MAIDEN NAME 23.1 Acc OF DEATH (Stata or country) Wh Spe (Address) 18. BURIAL, CREMATIDA -WRITE Ma TION is CAUSE Na 24. V 19. UNDERTAKER (Address) If so, specify (Signed) ż 20. FILED.

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH

08607

		/	1 / 0
	Registration	Dist. No.	33
No. Oak		St	13 Ward
occurred in a hospital or institu			nd number)
ds. How long In U.S. if	of foreign birth?	yrs	_mos ds.
St., 13 Ward.			
st., / Ward.	If nonresident	give city or town	and State
MEDICAL C	ERTIFICATE		The second second second
DATE OF DEATH	0 1		•
	July	26	. 193
	(Month)	(Day)	(Yaar)
IHEREB	CERTIE	Y, That I attend	lad deceased from
may 1	192 / to	uly 21	1.3
st saw h. Alive on	1 west	24 103	, idaath is said
have occurred on the date state	1 225	T. a.	./ . ; daath is said
PRINCIPAL CAUSE OF DEAT			
re as follows:	and leining cause	s of importance	Date of onset
···· P			
Jancon	~ ~ ~		
Jan 0	- It	work.	

ter Contributory Causes of impo	ortance:	,	
Stawati		u To	
in abilit			
700	emic		
ma of operation	now	Data of	
at test confirmed diagnosis?			
		Was there a	
f death was due to external cau			7
ident, suicida, or homicide?		Date of injury	
era did injury occur?	(Specify city or	town, county and	State)
ecify whether injury occurred in	n INDUSTRY, In HD	ME, or in PUBLIC	PLACE.
nner of injury			
ure of injury			
Nac dicases or infirm in any	init rolated to occur	tion of descenda	(ha

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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